Communication Champions: Training Rehab Clinicians to be Skilled Communication Partners and Communication Strategy Mentors

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Introduction

The Joint Commission states that patients have the right to effective communication with their care providers.[1]

The problem:
- Patients with communication disorders experience **communication barriers** that compromise their communication access.[2]
- Decreased communication access impacts:
  - -patient safety[3]
  - -ability to indicate healthcare needs[4]
  - -overall satisfaction with care[5]

One approach:
Communication Partner Training (CPT) has been shown to improve communication interactions for patients with aphasia,[6,7] traumatic brain injury,[8] and Alzheimer's Disease.[9]

Previous work on CPT in healthcare settings showed a **systems-level approach** improved access to healthcare information for patients with aphasia.[10] Further investigation is needed to **develop training procedures tailored to specific healthcare sites**.[7]

Communication Champions Program:
Designed to train Allied Health clinicians in a rehabilitation hospital system to be skilled communication partners. Quantitative and qualitative data were collected to examine program effectiveness.

Methods

- 10-month CPT Program for rehabilitation clinicians
  - 5 in-person meetings
  - Pre-work and interim assignments
- Developed & delivered by two SCA™ certified SLPs
- Clinicians learned, then "championed" communication strategies for use with patients with a range of communication disorders
- Offered through internal professional development program:
  - ▫ Recruited from all sites of care
  - ▫ Incentivized

Participants

CLINICAL DISCIPLINE	SITE OF CARE	EXPERIENCE (YEARS)
OT	INPATIENT (Neuro)	1
SLP	INPATIENT (Med Complex)	1
PT	OUTPATIENT (Ortho)	6
SLP	DAY REHABILITATION	4

Data Collection

- **Participants completed self-rating questionnaires** re: knowledge and confidence with communication support strategies at each training point.
- **Focus Group** to gather participant feedback on program elements.
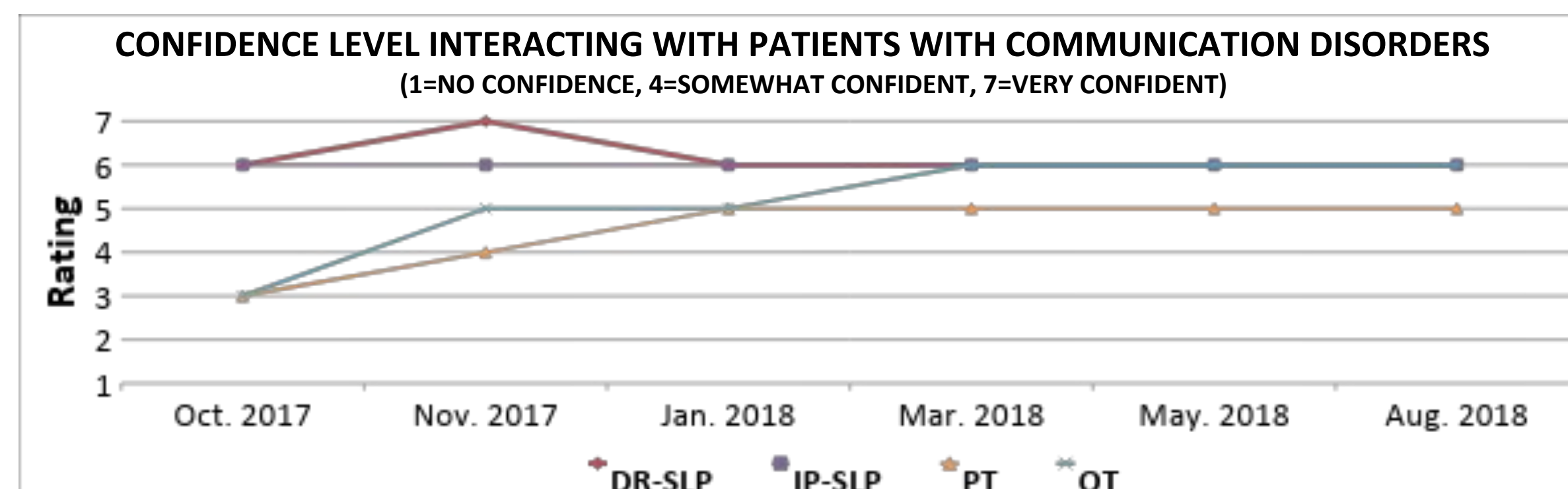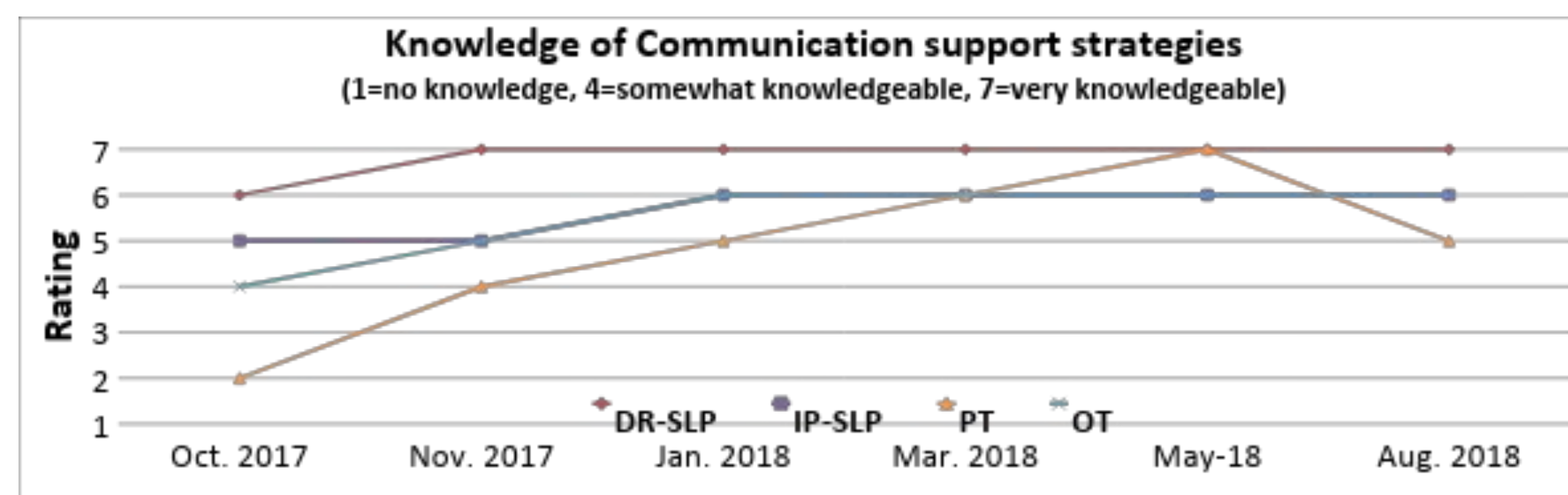
10-Month Curriculum

- **5 in-person collaborative and didactic group meetings (with role plays)**
- **Tools to consolidate knowledge between each session**

MEETING FOCUS	INTERIM GOALS	TOOLS
1. Supported Conversation for Adults with Aphasia™ Training	Consolidate knowledge; Practice/apply strategies with patients	Practice Log
2. Patient Communication Strength Analysis	Increase experience/confidence; Engage colleagues	(Practice Log) Case Study Presentation
3. Strategies for use with patients with Cognitive-communication disorders	Apply strategies with patients; Mentor colleagues	Mentorship Log
4. Fine tuning strategies, focus on written supports	Apply strategies with patients; Mentor colleagues	Mentorship Log
5. Program Evaluation/ Feedback	Evaluate effectiveness, share discipline- and site-specific feedback	Focus Group Questions

Results

Self-rating survey data

Knowledge of Communication support strategies
(1=no knowledge, 4=somewhat knowledgeable, 7=very knowledgeable)

CONFIDENCE LEVEL INTERACTING WITH PATIENTS WITH COMMUNICATION DISORDERS
(1=NO CONFIDENCE, 4=SOMEWHAT CONFIDENT, 7=VERY CONFIDENT)

Focus Group participant feedback on program elements/experience

Design of the program :
"…I feel like sometimes with articles there's a lot of like,..**theory theory theory but no practice**. So it was nice to have like the **setup of 'this is what we're learning about. This is why it's important.' And then, do it."** *(Day Rehab SLP)*

Keeping a log for reflection on practices:
"…It's like reflecting on, okay, **sometimes you know these strategies but then implementing them is another thing**. And then actually sitting back and being like, "well—okay, this is what I did. **Could I have done something different** that maybe would have gotten me the answer a little—you know—faster or quicker?...**Could I have used alternatives? Or was I on the right track with this?"** *(Outpatient PT)*

Observed changes in the communication environment:
"One of our Speech Therapists used an example of like **'you wouldn't let your patient walk without their quad cane, why would you let them go anywhere without their paper?'"** *(Day Rehab SLP)*

"…I think that um **people are more willing to just like talk about it and ask questions**. I see **more people writing things down for their patients**." *(Inpatient OT)*

Conclusions

- Communication Champions Program participants increased communication strategy knowledge and confidence:
  - across disciplines
  - across sites of care
  - across experience levels

- Most changes occurred between Meetings 1-3, then generally maintained.

- Perceived benefit from combination of didactic teaching + role plays + practice at site to consolidate knowledge and skills.

- Perceived benefit from group diversity (multiple disciplines and sites of care).

Future Directions

- Curriculum is sustainable and will be scaled up through the professional development program to reach more clinicians.

- Adding "skills check outs" to verify skill acquisition more objectively.

- Adding environmental communication access and needs assessment.

- Planning advanced training for clinicians who wish to deepen knowledge and continue to build skills.

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